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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
		Application Number	10/518,360-Conf. #8218
		Filing Date	July 21, 2005
		First Named Inventor	Frank-Uwe Sommer
		Examiner Name	M. J. Keller
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	4136
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	37934-211620
		(\$)	0.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>22-0261</u>
	Deposit Account Name: <u>Venable LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity Fee (\$)	Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 = _____		x _____	= _____		Fee (\$)		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 = _____		x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature	<u>Steven J. Schwarz</u>	Registration No. (Attorney/Agent)	47,070
Name (Print/Type)	Steven J. Schwarz	Telephone	(202) 344-4295
		Date	July 1, 2008



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Frank-Uwe Sommer

Appl. No.: 10/518,360

Confirmation No.: 8218

Filed: July 21, 2005

For: DRIVE DEVICE

Art Unit: 4136

Examiner: Keller, Michael J.

Atty. Docket No.: 37934-211620

Customer No.:

26694

PATENT TRADEMARK OFFICE

AMENDMENT

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the non-final Office Action dated April 1, 2008, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper; and

Remarks begin on page 6 of this paper.